



APPLICATION FOR A PERMANENT CERTIFICATE OF CONSENT TO SELF INSURE BY AN INTERIM SELF INSURER

Read instructions before completing.
All questions must be answered. If not applicable, enter "N/A".

To the Director of Industrial Relations:

The undersigned private employer hereby applies for a Certificate of Consent to Self-Insure the payment of workers' compensation as provided by California Labor Code Section 3700.

The following information is submitted, under penalty of perjury, for the purpose of procuring a Certificate of Consent to Self Insure, which may be given upon proof, satisfactory to the Director of Industrial Relations, of ability to self insure and to pay compensation that may become due to employees.

1. NAME OF COMPANY WITH MASTER CERTIFICATE OF CONSENT TO SELF INSURE:

2. INTERIM SELF INSURER APPLYING FOR A PERMANENT CERTIFICATE:

Interim Certificate Number: _____

Name of Company: _____

Street Address of Main Headquarters: _____

City: _____ State: _____ Zip+4 _____

3. TO WHOM DO YOU WANT CORRESPONDENCE REGARDING THIS APPLICATION ADDRESSED?

Name: _____

Title: _____

Company Name: _____

(Master certificateholder or Broker)

Mail Address: _____

City: _____ State: _____ Zip+4 _____

Phone: () _____ Fax: () _____

4. BUSINESS STRUCTURE:

(a) **CORPORATION** ☐ Yes ☐ No

State of Incorporation

Date of Incorporation

Month Day Year

(b) **GENERAL/LIMITED PARTNERSHIP** (circle one) ☐ Yes ☐ No

Name and Designation of Partners

(c) **SOLE PROPRIETOR** ☐ Yes ☐ No

(d) **LIMITED LIABILITY CORPORATION** ☐ Yes ☐ No

5. Number of California employees to be covered by the proposed addition to the self insurance plan: _____

6. Will the number of California employees covered under the proposed self insurance plan be materially increased or decreased in the next 12 months? ☐ Yes ☐ No

If yes, by how many? ☐ Increase ☐ Decrease

7. WORKERS' COMPENSATION EXPERIENCE IN CALIFORNIA:

Complete the following if the applicant's workers' compensation liabilities are insured in California under a workers' compensation policy(ies):

Name of Carrier: _____

Policy Number: _____

Current Policy Termination Date: _____

Most recent three calendar years experience by policy period:

Year (mm/dd/yy)	Payroll	Premium Before Dividend	Experience Modification	Losses Incurred	Loss Ratio

If not previously insured, explain how workers' compensation liabilities were not covered: _____

8. ADMINISTRATION OF SELF INSURANCE PROGRAM FOR INTERIM CERTIFICATEHOLDER:

(a) Administration of workers' compensation self insurance claims will be by:

☐ Third Party Administrator ☐ Insurance Carrier Claims Dept. ☐ Self Administered by employer

(b) Name of proposed administrator(s)/administrating agency(ies) who will be responsible for day-to-day administration of the workers' compensation self insurance program:

Name (Person): _____ Title: _____

Name of Agency/Carrier/Company: _____

Address: _____

City, State, Zip+4: _____

Phone Number: () _____

9. FILING FEE:

Make your check payable to the Department of Industrial Relations - Self Insurance Plans for payment of the application filing fee.

Filing Fee: Each private employer making application for a Certificate shall, at the time of filing the application, pay a non-refundable filing on the following basis:

- (a) For a single application, or the first of more than one application submitted together, the filing fee shall be \$500.00.
- (b) For each additional application submitted with the first application, the filing fee shall be an additional \$100.00.
- (c) For any subsequent application determined by the Manager to be necessary but not submitted with the original filing of an application, the application will be considered a new application and the fee shall be an additional \$500.00.

10. ATTACHMENTS:

- (1) Original Certificate of Good Standing from the California Secretary of State dated not over 90 days.
Available from the California Secretary of State, Corporate Filing Division
1500 Eleventh Street, Sacramento, CA 95814 - phone (916) 653-6814
- (2) Resolution to Become Self Insured by Interim Certificateholder's Board of Directors.
- (3) Resolution Authorizing the Agreement of Assumption and Guarantee of Liabilities from Parent Corporation's Board of Directors.
- (4) An Agreement of Assumption and Guarantee of Liabilities (executed by person authorized in Resolution Authorizing the Agreement of Assumption and Guarantee of Liabilities).
- (5) Applicable Filing Fee.

Model Corporate Resolution

**CORPORATE RESOLUTION AUTHORIZING APPLICATION TO
THE DIRECTOR OF INDUSTRIAL RELATIONS, STATE OF CALIFORNIA FOR A CERTIFICATE OF
CONSENT TO SELF INSURE WORKERS' COMPENSATION LIABILITIES**

At a meeting of the Board of Directors of _____

(enter name of corporation)

a corporation organized and existing under the laws of the State of _____,

held on the _____ day of _____ 20 _____,

a quorum being present, the following Resolution was adopted:

RESOLVED that the _____

(enter titles of authorized corporate officers)

be and they are hereby severally authorized and empowered to make application for a Certificate of Consent to Self Insure to the Department of Industrial Relations of the State of California, and to execute any and all documents required for such application, including the Instrument of Undertaking in furnishing security.

I, _____, the undersigned

Secretary of the said _____, a corporation,
hereby certify that I am the Secretary of said corporation, that the foregoing is a full, true and correct copy of the resolution duly passed by the Board of Directors thereof at a meeting of said Board held on the day and at the place therein specific, and that said resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

IN WITNESS WHEREOF: I HAVE HEREUNTO SET MY HAND AND THE CORPORATE SEAL
OF SAID CORPORATION THIS _____ DAY OF _____ 20 _____.

(SEAL)

Secretary



**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
SELF-INSURANCE PLANS**

Certificate No. _____

In the Matter of the Certificate of

**AGREEMENT OF ASSUMPTION
AND GUARANTEE OF
WORKER'S COMPENSATION
LIABILITIES**

Employer,

WHEREAS, _____ (hereinafter called the Undersigned), has good and sufficient reason for executing this Agreement; and

WHEREAS, _____ (hereinafter called Self-Insurer), is, or has made application to be, a self-insurer pursuant to Sections 3700 through 3705 inclusive of the Labor Code of California;

NOW, THEREFORE, It is understood and agreed that:

1. In consideration of the Director of Industrial Relations of the State of California issuing a Certificate of Consent to Self-Insure to said Self-Insurer, the Undersigned agrees to assume and guarantee to pay, or otherwise discharge promptly, all the liabilities and obligations which said Self-Insurer may incur as a self-insurer of its California workers' compensation liabilities.

2. This Agreement shall cover and extend to all potential liability for workers' compensation benefits as required by law of said Self-Insurer; as a self-insurer of its California workers' compensation liabilities arising on or after the effective date hereof.

3. This Agreement shall not cover or extend to any workers' compensation liabilities of said Self-Insurer which are expressly insured by a carrier duly authorized to write California workers' compensation insurance.

4. This Agreement shall remain in full force and effect unless terminated in the manner hereinafter provided.

5. This Agreement may be terminated at any time by the Undersigned upon giving thirty (30) days written notice by registered or certified mail to the Manager, Self-Insurance Plans. In this event the liability of the Undersigned, shall, at the expiration of thirty (30) days from receipt of said notice by said Manager cease and determine, except as to such liability of the Self-Insurer on account of any injury suffered by any of its employees prior to the expiration of said thirty (30) days; it being expressly understood and agreed that the Undersigned shall be liable for default of said Self-Insurer in fully discharging all existing and potential liability of said Self-Insurer as a self-insurer as of the date of said termination.

6. A change in the proprietorship or the sale of said Self-Insurer does not terminate this Agreement.

7. In the event said Self-Insurer shall fail to pay compensation, as compensation is defined in Section 3207, Labor Code of California, when due, the Undersigned will pay the same, and the payment may be enforced against the Undersigned to the same extent as if said payment was the liability of it.

8. The Undersigned is held and firmly bound for the payment of all legal costs incurred by the State of California in any actions taken to enforce this Agreement.

9. If the Undersigned has not filed with the California Secretary of State to the extent required to entitle it to transact intrastate business in California and/or if the Undersigned is a foreign entity (an entity organized and existing under the laws of a country outside the United States of America) it hereby agrees to become subject to the jurisdiction of the Department of Industrial Relations, the Division of Workers' Compensation, all other administrative agencies, and become controlled by California law including all regulations promulgated by the Director of Industrial Relations for the administration of self-insurance for the purpose of enforcing the liabilities and obligations, and the resolution of any dispute arising from this Agreement.

10. If the Undersigned has not filed with the California Secretary of State to the extent required to entitle it to transact intrastate business in California it hereby agrees that service of process may be effected on the Undersigned by sending notice to _____

by registered mail, return-receipt requested. Pursuant to California Code of Civil Procedure Section 415.40, service of notice by this form of mail will be deemed complete on the tenth day after such mailing.

11. This Agreement shall be binding upon the Undersigned, its successors, and assigns.

IF A CORPORATION:

Subscribed and sealed at _____

this _____ day of _____, 20____.

Attest:

Corporate Seal

Company

Signature

Secretary

Title

AGREEMENT

This application is filed with the understanding and the agreement of the application herein that a Certificate of Consent to Self Insure, if granted, will be accepted subject to the authority of the Director of Industrial Relations to prescribe the regulations upon which said Certificate of Consent to Self Insure shall be granted or continued and subject to the full right and authority of the said Director of Industrial Relations to prescribe new and additional regulations. It is further agreed that, following revocation or invalidation of said certificate, the applicant will pay fees and expenses as provided in the regulations.

I, _____, _____,
(Insert person's name) (Insert person's title)

certify under penalty of perjury, that I am acquainted with the affairs of said applicant employer to which the representations and statements set forth in the foregoing application, attachments, exhibits and addenda relate; that I have read said applications, attachments, exhibits and addenda, know the contents thereof, and that said representations and statements therein contained are true to the best of my knowledge, information, and belief.

Subscribed and sealed _____,
(City) (State)

this _____ day of _____, 20_____.

Attest:

(Apply Corporate Seal of Applicant
In this Box)

(Signature)

(Title)

(Signature of Secretary)

(Type name and title of Secretary)

NOTE: The agreement must be signed by one of the persons authorized by title in the resolution on the previous page. As such, both name and title must be provided. The attesting person cannot also be the person signing the agreement. The seal needs to be affixed in the box provided.

Model Assumption and Guarantee Corporate Resolution

RESOLUTION OF AGREEMENT OF PARENTAL ASSUMPTION AND GUARANTEE

At a meeting of the Board of Directors of _____

(name of holding corporation)

a corporation organized and existing under the laws of the State of _____

held on the _____ day of _____ 20 _____,
a quorum being present, the following Resolution was adopted:

RESOLVED that

(name of holding corporation)

organized under the laws of the State of _____

authorizes that its legally controlled subsidiary(ies) or affiliate(s)

seek a Certificate of Consent to Self Insure workers' in the State of California; and,

BE IT FURTHER RESOLVED that

(name of holding corporation)

will guarantee the payment of all workers' compensation liabilities incurred by any self-insured subsidiaries or affiliate named above, resulting from operations in California as premissible self insured; and

BE IT FURTHER RESOLVED that the President, any Vice President, Treasurer and Secretary of the

(name of holding corporation)

are severally authorized to sign the State of California form entitled Agreement of Assumption and guarantee of Workers' Compensation Liabilities on behalf of the subsidiary(ies) or affiliate(s) and be bound by all terms and conditions therein, including, but not limited to, terms specifying assumption of all subsidiary(ies) and affiliate(s) liability; and

BE IT FURTHER RESOLVED that

(name of holding corporation)

will guarantee the payment of all workers' compensation liabilities incurred by any additional self-insured subsidiary or affiliate, not named above, that in the future should be granted a Certificate of Consent to Self-Insure workers' compensation liabilities in the State of California, and the Secretary of

(name of holding corporation)

is authorized to add the subsidiary or affiliate name as an attachment to this resolution and said Secretary shall reexecute the resolution with said attachment and provide it to the Department of Industrial Relations (or its successor).

I, _____, the undersigned Secretary of the

_____, a corporation, hereby certify
(name of holding corporation)

that I am the said Secretary of said corporation, that the foregoing is a full, true and correct copy of the resolution duly passed by the Board of Directors thereof at a meeting of said Board held on the day and at the place therein specified, and that said resolution has never been revoked, rescinded, or set aside, and is now in full force and effect.

IN WITNESS WHEREOF: I HAVE HEREUNTO SET MY HAND AND THE CORPORATE SEAL OF SAID CORPORATION THIS _____ DAY OF _____ 20 _____ .

(SEAL)

Secretary

NOTE: The officers authorized by job title in this model resolution are examples. The board of the holding corporation can choose any officer by designated job title to act on its behalf with respect to the Self Insurance Plans' program of the subsidiary(ies).